



## APPLICATION FOR RECORDS RETENTION SCHEDULE

OFFICE OF THE SECRETARY OF STATE  
DEPARTMENT OF ARCHIVES AND HISTORY  
RECORDS MANAGEMENT DIVISION

INSTRUCTIONS: See Publication No. 76-RM-1 for instructions on completing this form. Forward signed original to Department of Archives and History, Records Management Division, 330 Capitol Avenue, Atlanta, Georgia, 30334. Attention: Scheduling Section.

FOR AGENCY USE		FOR RECORDS MANAGEMENT USE	
Application Date	1. Agency Address Georgia Department of Labor, Labor Information Systems - Suite 400 151 Ellis Street Atlanta, Georgia 30303	Application Number <b>80-245</b>	
Application Number		Date Received <b>MAR 18 1980</b>	Date Completed <b>APR 15 1980</b>
2. Person to Contact Sherryl Edge		Working Title Research Unit Supervisor	Telephone Number (404) 656-3177
3. Action Requested a. <input checked="" type="checkbox"/> Establish Retention Schedule; record will continue to accumulate. b. <input type="checkbox"/> Dispose of present accumulation; no further accumulation anticipated. c. <input type="checkbox"/> Amend Application No. _____ Check One: <input type="checkbox"/> Change; <input type="checkbox"/> Supersede; <input type="checkbox"/> Void			
4. Dates of Series Earliest      Latest 1977      Current		5. Records Series Title (followed by title used in office, if different) Weekly Report of Claims-Taking Activities R&A-14	
6. Division and Office Function      What is the function of the Division and the Office in which this record series is created?  The Administrative Services division provides fiscal; personnel, records, purchasing, and statistical research services for the department. Labor Information Systems compiles, prepares, and reports employment statistics for the department, the federal government, and special labor information users. The unit conducts special research studies and assists other LIS units.			
7. Record Series Description      This file contains the following documents (include form numbers and titles, if any): Attach samples of the file.  Documents relating to: summarizing statistics of claims-taking activities at unemployment insurance claims centers for compilation in federally-required reports.  Included are: form R&A-14 (Research and Analysis)          File is arranged: chronologically, thereunder by claims center number.			
8. Monthly Reference Rate      How often are records referred to which are: One to six months old <u>5</u> ; Seven to twelve months old <u>1</u> ; Thirteen to twenty-four months old <u>0</u> ; twenty-five months and older <u>0</u> ?			
9. Annual Rate of Accumulation of Records Letter-size drawers <u>5</u> ; Legal-size drawers _____; Shelves _____; Other (specify) _____			

YES	NO	10. Questionnaire (Place an "X" in the proper column)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	a. Is this the official copy of the series? If not, where is it?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	b. Does the series contain confidential information requiring security handling? If yes, cite law or regulation.
<input type="checkbox"/>	<input checked="" type="checkbox"/>	c. Is this a vital record?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	d. Does this series have historical or long term research value?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	e. When one or two documents in the file make it necessary to keep the entire file for a long period, could these documents be scheduled separately?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	f. Is the information contained in this series ever published? If yes, attach copy.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	g. Is the information contained in this series ever analyzed and/or recorded in a summarized report? If yes, attach copy.
<input type="checkbox"/>	<input checked="" type="checkbox"/>	h. Is there a duplication of this series in your office, or in another office or agency? If yes, where?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	i. Is this series (or a major portion of it) regularly microfilmed?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	j. Does the record series result in a computer printout?

# 11. Retention Requirements

The following requires the series to be kept:

- |                          |              |                                   |                |
|--------------------------|--------------|-----------------------------------|----------------|
| a. State Law             | _____ years. | d. Audit period                   | _____ years.   |
| b. Statute of limitation | _____ years. | e. Administrative need            | 2 _____ years. |
| c. Federal law           | _____ years. | f. Federal retention instructions | _____ years.   |

Attach copy or excerpt of laws or regulations. Explain administrative need.

Retain for verification of data and temporary departmental research use.

# 12. Approved Disposition Instructions

This agency recommends that the file series be cut off at the end of each:

☒ Calendar Year; ☐ Fiscal Year; ☐ Other \_\_\_\_\_ then,

- ☒ Hold in the current files area \_\_\_\_\_ month(s) 2 \_\_\_\_\_ year(s); then
- ☐ Transfer to local holding area; hold \_\_\_\_\_ year(s); then
- ☐ Transfer to State Records Center; hold \_\_\_\_\_ year(s); then
- ☒ Destroy.
- ☐ Transfer to State Archives for permanent retention.
- ☐ Other (Specify)

These instructions apply to all prior and future accumulations of the series.

Agency Head/Designee (Signature)	Date	Records Management Officer (Signature)	Date
<i>Walter S. Brooks</i>	3-17-80	<i>William S. Johnson</i>	3/17/80
Recommendations in paragraph 12 are approved. (If disapproved, attach letter of explanation.)		State Records Committee (Signature)	Date
		<i>Carroll Hart</i>	4-11-80
State Auditor/Designee	Secretary of State/Designee	Attorney General/Designee	
<i>Carroll Hart</i>	<i>Carroll Hart</i>	<i>Carroll Hart</i>	4-9-1980
			4-11-80